

Joint Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

IF YOU HAVE QUESTIONS, YOU MAY CONTACT THE PRIVACY OFFICE UNDER THE CONCERNS AND QUESTIONS SECTION IN THIS NOTICE.

What is a Notice of Privacy Practices?

We understand that your medical information is personal. This Joint Notice of Privacy Practices ("Notice") will inform you of how we may use and disclose your medical information. It also describes your rights and choices related to how we utilize and disclose your information. It will also review our responsibilities as a healthcare organization.

Your medical information is also known as Protected Health Information ("PHI") under federal law. PHI is any information that can be used to identify you and is connected to your past, present, or future medical care or payment for that care. We are required by law to maintain the privacy of your PHI and to provide you with this Notice.

As our pledge to you, we will:

- maintain the privacy and security of your PHI, as required by law,
- promptly notify you, as required by law, of any incident ("Breach") that compromises the privacy or security of your PHI, and
- provide you a copy of this Notice.

Sometimes, state law provides stronger privacy protection than federal law. In such cases, we will follow the law that offers you the highest level of privacy and access to your information.

Who Does This Notice Apply To?

This Notice describes the privacy practices of the entities listed at the end of this Notice (collectively referred to as "we" or "us").

Collectively, we participate in an Organized Health Care Arrangement (OHCA), so that we may share

health information for treatment, payment, and joint healthcare activities. While our organizations operate independently, we may share your health information for coordination of care or other joint activities such as quality improvement, risk management, financial and billing services, and health information exchanges.

Information disclosed in any manner as described in this Notice has the potential to be re-disclosed by the recipient. If the information is re-disclosed, it may no longer be protected under federal regulations. For example, if you authorize us to disclose your information to a third-party, the recipient may not be required to protect the privacy of your information to the same extent we are required to as a healthcare provider.

Our Uses and Disclosures

Uses and Disclosures Which Do Not Require Your Authorization

For Treatment. We may use or disclose PHI about you to provide or coordinate your treatment. We may use this information for treatment without your authorization or permission. We use an electronic medical record system to document your care. Doctors, nurses, technicians, students, or other workforce members may be able to access your medical information. Additionally, we may share your PHI with external clinicians, agencies, or facilities for treatment purposes including coordinating your healthcare. For example, we may send your PHI to a specialist as part of a referral for care or for continuing medical treatment after you leave our care (e.g., home health agencies, or transport companies).



Communications Regarding Appointment Reminders, Treatment Alternatives, or Other Benefits and Services. We may use or disclose your information to contact you about appointments, clinical instructions, surveys, or for general communications. We may contact you by mail, telephone, email, or text message when you provide your contact information to us. We may also use your information to recommend treatment alternatives or health-related benefits or services that may be of interest to you. We may also send you newsletters or brochures or contact you about disease management programs, wellness programs, or other health education programs.

Telehealth. If telehealth services are offered to you, it will allow you to have a medical appointment with a clinician via secure and interactive video equipment. You will be able to speak in real-time with the clinician during your telehealth appointment. Telehealth sessions are secure, encrypted, and follow the same privacy guidelines as traditional, in-person medical appointments. Your telehealth appointments will be kept confidential. In addition, your consent or permission will be obtained before a telehealth appointment is recorded.

MyChart Patient Portal. MyChart is a secure, online tool that provides patients with access to most of their health information, such as clinical notes, lab results, medication lists, allergy lists, immunization histories, and much more. MyChart is a private tool available to you as a patient and is separate from the electronic medical record used by our locations to document your care. You may see health information in your account documented by other organizations who utilize our medical record (e.g., community practices who operate independently from Yale New Haven Health and Yale Medicine), if you have received care from one of those organizations. If you have been seen by more than one healthcare organization that utilizes the Epic medical record, MyChart allows you to view all of your records from these institutions in one place, if you choose to connect your accounts.

If you utilize MyChart, you will create and control your own username and password. You should keep this username and password secure and should not share this information. If you would like a family member or friend to have access to your information, you should

not provide your username and password. If you provide us with your authorization by completing the required form available from the Privacy Office, we will grant them "proxy" access to be able to view your information.

Health Information Exchanges (HIEs). Health Information Exchanges allow patient information to be shared electronically through a shared network that is accessible to the healthcare professionals who are treating you at other healthcare facilities. Participation helps external clinicians who are treating you have ready access to your health information to make more informed decisions. It also assists them in coordinating your care.

One of the HIEs our organizations participate in is "Connie," the Connecticut statewide HIE. Our participation in this HIE is mandated by the State of Connecticut. While we are mandated to participate, you are not, and you may opt out directly with Connie. You may learn more about Connie as well as learn how to opt-out of this HIE and disable access to your health information by contacting Connie directly through their website at www.connict.org. Even if you opt out, certain health information disclosures may still be required by law, such as for public health reporting and Connecticut Prescription Monitoring and Reporting System purposes.

We also participate in national HIEs such as Epic Care Everywhere, where participating healthcare organizations may electronically exchange your health information for treatment purposes, unless you choose to opt out by contacting our privacy offices.

Electronic Information Sharing for Treatment, Payment, and Operations. Our organizations use the Epic electronic medical record system, which includes tools that help your healthcare providers securely access the information they need to care for you.

Some independent physicians use our Epic system to create and maintain their electronic medical records or to access your information electronically to provide or coordinate your care. Instead of your information being mailed or faxed to a clinician treating you, they can access this information electronically. These organizations are separate organizations but are

required to follow the same privacy rules when creating or accessing your medical record.

For Payment. To receive payment for the services we provide to you, we may use and share your PHI with your insurance company, health plan, or a third-party payor such as Medicare and Medicaid. We may also share your PHI with another clinician, facility, or service provider, such as an ambulance company or subcontractor within our facilities who may have treated you, so that they may bill you or your insurance company for services provided. We may also tell your health plan about a proposed treatment to determine whether the treatment will be covered. You may direct us not to share specific PHI with your insurance company relating to a service you plan to pay for, and do pay for, out-of-pocket. However, it is your responsibility to inform us of this prior to services being provided.

For Healthcare Operations. We may use your PHI to support our operations and business activities, such as administrative, financial and quality improvement activities. For example, we may use your PHI to conduct population-based activities related to improving health, to evaluate the performance of our staff in caring for patients, to educate our staff on how to improve the care they provide, or to conduct training programs for students, trainees, and other healthcare practitioners. Other healthcare operations activities include facility and program accreditation, certification, credentialing, legal services, auditing, compliance, or other internal customer services. In some cases, we may use new technologies such as Artificial Intelligence (AI) tools to aid and facilitate providing care. Your visit may be recorded and transcribed for accurate documentation, using secure AI-enabled technology. You can choose not to be recorded by speaking with your clinician.

Photographs, videotaped images, or other images (collectively "images") of you may be made for purposes of treatment, payment, or healthcare operations. For example, photographs may be taken of a wound for treatment purposes or may be utilized for internal medical education purposes. Your authorization will be obtained prior to any external use of identifiable images for purposes not described in this Notice.

Business Associates. We may disclose your PHI to contractors or consultants called "Business Associates," who perform work on behalf of our organizations or provide services to our organizations. For example, we may share your PHI with a billing company that helps us obtain payment from your insurance company. We require the Business Associate and any of its subcontractors to protect the privacy and security of your PHI through a written contract.

Other Uses and Disclosures

The uses and disclosures described under the following sections may be required by law. They typically do not require our organization to obtain your authorization to release this limited information.

As Required by Law. We are required by law to report certain information including some types of injuries, such as injuries caused by firearms or burns. We will share your PHI when federal, state, or local law requires us to do so.

Public Health Activities. We may share your PHI as required or permitted by law to public health authorities or government agencies whose official activities include preventing or controlling disease, injury, or disability. For example, we must report certain information about births, deaths, and various diseases to government agencies. We may also share your PHI with public health agencies that track opioid usage, contagious diseases, or those involved with preventing epidemics.

As required by law, and to protect your health, we will share immunization information (*i.e.*, 'shots' or 'vaccines') with the State of Connecticut Department of Public Health (DPH). DPH will store your vaccination information in its immunization system called CT WiZ. CT WiZ helps to make sure you get the vaccines needed to protect you against vaccine preventable diseases. If your vaccine record is lost or not available, DPH can share it with you and your physician. You can choose to exclude your vaccine information from CT WiZ by sending a signed, written request to the DPH Immunization Program or by completing the online opt out form on the CT WiZ website. CT WiZ records will be kept confidential as required by law.

Product Monitoring, Repair, and Recall. We may disclose your PHI to a person or company that is regulated by the US Food and Drug Administration (FDA) or to the FDA for the purposes of: (1) reporting or tracking product defects or problems; (2) tracking FDA regulated products, (3) repairing, replacing, or recalling defective or dangerous products, or (4) monitoring the performance of a product after it has been approved for use by the general public. For example, reporting concerns with medical devices.

Occupational Health. We may disclose your PHI to your employer when we are hired to evaluate fitness for duty or to evaluate whether you have a work-related illness or injury. You will be notified about these disclosures by your employer or by our respective organizations, as required by applicable law.

Victims of Abuse, Neglect or Domestic Violence. We may release your PHI to a public health authority or state agency that is authorized to receive reports of abuse, neglect, or domestic violence. For example, we may disclose the PHI of a child or elderly patient to government officials if we reasonably believe that the patient has been a victim of abuse or neglect. For adults who we reasonably believe to be a victim of abuse, neglect, or domestic violence, unless required by law or authorized under state statute or regulations, we will seek your permission for the disclosure.

Health Oversight Activities. We may disclose your PHI to local, state, or federal government authorities authorized to conduct audits, investigations, and inspections of our facility. For example, these authorities include state licensing boards and governmental benefit programs such as Medicare and Medicaid.

Lawsuits and Disputes. We may disclose medical information about you in response to a court order, court-ordered warrant, a grand jury subpoena, or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process that is not accompanied by an order of a court, but only if your authorization has been received, efforts have been made to tell you about the request, or an order protecting the information requested has been

obtained. We will share PHI only when the appropriate procedures have been followed as required by law.

Law Enforcement. We may disclose your PHI to law enforcement officials for certain limited purposes (*e.g.*, providing limited information needed to identify or locate a suspect, fugitive, witness, or missing person, reporting a crime at our facility, a suspicious death, etc.).

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your PHI to the correctional institution or law enforcement officer as authorized or required by law. We may do this for the institution to provide you with healthcare, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

To Avert a Serious and Imminent Threat to Health or Safety. We may use and disclose your PHI when necessary to prevent or lessen a serious threat to your health and safety or the health and safety of the public or another person.

Specialized Government Functions. If you are a member of the armed forces (of either the United States or of a foreign country), we may share your PHI with military command authorities so they may carry out their duties under the law. We may also disclose your PHI to authorized federal officials for national security and intelligence activities and for the provision of protective services for the President or for other officials, such as foreign heads of state.

Coroners, Medical Examiners and Funeral Directors. We may release your PHI to a coroner or medical examiner, as necessary, to identify a deceased person or to determine the cause of death. We may also release PHI to funeral directors so they can carry out their duties.

Organ, Eye, and Tissue Donation. If you are an organ donor, we may release your PHI to organizations that facilitate organ, eye, or tissue donation and transplantation.

Research. Our organizations conduct research to advance science, prevent disease, and cure patients. All research projects conducted must be approved

through a special review process to protect patient safety, welfare, and privacy. Your PHI may be used for research purposes in accordance with state and federal law.

Researchers may contact you regarding your interest in participating in certain research studies after receiving your authorization or approval of the contact from a special review board called an Institutional Review Board (IRB). An IRB is a special committee that protects the rights and welfare of people who participate in research studies. Enrollment in most studies may occur only after you have been informed about the study, had an opportunity to ask questions and indicated your willingness to participate by signing an approved research authorization form. In some instances, federal law allows us to use your PHI for research without your authorization, provided we get approval from an IRB or other special review board, or meet the requirements for uses or disclosures of PHI related to purposes preparatory to research or related to research on the PHI of persons who are deceased. For example, an IRB may waive a requirement for authorization of use or disclosure of PHI related to a research study that involves a record review to compare the outcomes of patients who received different types of treatment, and that involves no more than minimal risk to privacy.

If you have any questions about how your medical record information could be used in a research protocol or to opt out of having your information used for research purposes, please visit www.yalestudies.org or call 1-877-978-8343.

De-identified or Partially De-identified Information. We may use and disclose your health information if we have removed any information that has the potential to identify you. We may also use and disclose health information without any direct identifiers (a "limited data set") for research, public health, or healthcare operations purposes, if the recipient signs an agreement to protect the privacy of the information. Limited data sets will exclude all direct identifiers but may include zip code, dates of birth, admission, and discharge.

Workers' Compensation. We may share your health information for workers' compensation benefits or similar programs that provide benefits for work-

related injuries or illnesses if you tell us that workers' compensation is the payer for your visit(s). Your employer or workers' compensation carrier may request, and receive without your authorization, all records related to your workers' compensation claim. These records may include details regarding your health history, current medications you are taking, and treatments.

Fundraising Activities. We may utilize limited information to contact you for fundraising purposes, including those aimed at improving our facilities and programs. We may also share such information with our fundraising foundations. You have a right to opt out of receiving these communications. If you do not want us to contact you for fundraising purposes, please contact the respective organization's privacy office listed under the "Concerns and Questions" section. You must tell us if you would like for this opt out to apply to all entities listed at the end of this notice.

Uses and Disclosures of Sensitive Information

Reproductive Healthcare & Gender Affirming Care. We understand the sensitive nature of seeking reproductive or gender affirming care. We will obtain written authorization from you, when required by state and/or federal laws, to use or disclose this information.

Substance Use Disorder (SUD) Treatment Program Records. We may receive information from substance use treatment programs or create records relating to the provision of treatment for a substance use disorder at one of our organizations. We are not permitted to use or disclose this information when it is being requested to be used against you in a lawsuit or trial, unless we have your written consent or receive a court order after notice was provided to you. A court order authorizing use or disclosure must be accompanied by a subpoena or other document requiring disclosure before the requested record is disclosed. For further information on SUD treatment information see: [42 part 2 Notice](#)

Your Choices

Uses and Disclosures You Can Agree or Object To

Hospital/Inpatient Directory. If you are admitted to the hospital, your name, room location, general condition (e.g., fair, critical, etc.) and religious affiliation may be listed in the hospital's patient directory. This is so your family, friends, and members of the clergy can visit you in the hospital and generally know how you are doing. Unless you object, we will include this limited information about you in the directory while you are a patient.

If you tell us that you do not want to be included in the hospital directory, we will not disclose your information to anyone who asks for you, unless required by law. If you do not want to be listed in the hospital directory, you must notify us during registration or tell your caregivers after you have been admitted to the hospital.

Family Members, Friends, and Others Involved in Your Care. Unless you object, we may release your PHI to people such as family members, relatives, or close personal friends who are helping to care for you or pay your medical bills when the information is directly relevant to their involvement. If you do not want PHI about you released to those who are actively involved in your care, please notify us. If you have a family member or friend who you would like for us to share information with or discuss your care, please contact us and we can provide you with the appropriate form.

Disaster Relief Purposes. We may share limited information about you to public or private disaster relief organizations, such as the American Red Cross, so that your family can be told of your location and condition in case of a disaster or emergency. We may also use this limited information to help in coordination of disaster efforts.

Uses and Disclosures Requiring Your Authorization

For certain uses and disclosures of your health information, we are required to obtain your written permission. This permission is called an "authorization." If you give us written authorization to use or disclose your health information, you may

revoke or cancel that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your health information for the purpose involved. However, a revocation is not retroactive, and we cannot retrieve any disclosures that were made based on your prior authorization.

We will obtain your written authorization to use and disclose your health information for these specific purposes when required by law:

Marketing. Marketing means to make a communication about a product or service that you may be interested in buying. If we send a marketing communication to you about a health service or product offered by a third-party, or if we receive payment from a third party for us to promote a product or service to you, then we are required to get your written authorization before we can use or disclose your health information.

We are not required to obtain your authorization to talk with you in person or send you information about the following:

- refill reminders or communications about a drug that is currently prescribed to you,
- healthcare treatment options,
- health-related products and services that are provided by our organizations,
- case management or care coordination services, or
- recommended alternative treatments, therapies, clinicians, or settings of care.

You have the right to revoke (take back) your marketing authorization, and we will honor the revocation. If you would like to revoke an authorization you may have signed for marketing purposes, please contact the respective organization's privacy office listed under the "Concerns and Questions" section.

Psychotherapy Notes. Psychotherapy notes are special notes by a mental health professional that document or analyze the contents of a conversation during a private counseling session or a group, joint, or family counseling session. Psychotherapy notes are kept separate from the rest of your health information and may not be used or disclosed without your written authorization, except as may be required by law.

Sale of Health Information. We will not sell or disclose your PHI in exchange for direct or indirect payment unless we first obtain your authorization for the disclosure of your health information, if applicable. However, certain activities are not viewed as selling your PHI, and do not require your consent (for example, selling our business, paying our contractors and subcontractors who work for us, participating in research studies, and getting paid for treating you).

Your Rights and Our Responsibilities

Right to See and Obtain a Copy of Your Medical Records. With certain, limited exceptions, you have the right to inspect and/or receive a copy of your medical and billing records or any other records, with individually identifiable information, that are used by us to make decisions about you. These records are called the 'Designated Record Set.' Most of your Designated Record Set is available to you in our patient portal, MyChart (<https://mychart.ynhhs.org/>). You may also request a copy of your Designated Record Set in any form or format and obtain the records in a timely manner, if the record is readily producible in that form or format.

You also have the right to request that we send a copy of your medical or billing records to a third party. Your request must be in writing and submitted to Health Information Management. If records are requested by a third party on your behalf with your authorization or you are directing records to a third party, we may charge you a reasonable fee for the costs of copying, mailing or other expenses associated with complying with the request, as permitted by law.

We may deny access, in whole or in part, under certain limited circumstances. If we deny your request, in part or in its entirety, we will inform you in writing and you may request that the denial be reviewed. To request your medical records, please visit:

[Yale New Haven Health and Yale Medicine | Request Medical Records](#)

Right to Request an Amendment (Correction) to Your Records. If you feel that the PHI that we have about you is incorrect or incomplete, you may ask us to amend the information. You should know that amending a record does not mean that the original

entry in your legal health record will be deleted. Instead, a separate entry is made to correct or clarify the original documentation.

You have the right to request an amendment to your PHI for as long as the information is maintained by our organizations. Your request must be made in writing by completing the Request for Amendment to Medical Record form and submitting the form to the applicable privacy office. You may obtain a copy of this form by contacting the respective privacy office listed under the "Concerns and Questions" section. If we deny your request for an amendment, we will inform you in writing of the reason for denial and your right to submit a written statement of disagreement.

Right to Request an Accounting of Disclosures. You have the right to request a list of certain disclosures we have made of your medical information ("Accounting of Disclosures"). The request must be submitted in writing to the privacy office of the respective organization as listed under "Concerns and Questions" and will apply only to disclosures made to individuals or entities outside our organizations within six years prior to the date on which the accounting is requested. This list will not include disclosures that are not required to be included in an Accounting of Disclosures, including, for example, those disclosures made for treatment, payment, and healthcare operations purposes, and those disclosures made directly to you or with your authorization.

If you believe that someone may have inappropriately accessed your medical record, rather than requesting an Accounting of Disclosures, you may request that we investigate access to your medical record by contacting the respective privacy office listed under the "Concerns and Questions" section.

Right to Request a Restriction. You have the right to ask us to restrict or limit the PHI we use or disclose about you for treatment, payment, or healthcare operations. We will consider your request, but we are not required to agree to it unless the request relates to a disclosure of PHI to your insurance provider and, prior to receiving the medical services to which the PHI relates, you paid for the services in full, out of pocket. In such cases, we will agree to limit disclosures to your health insurance provider, or other third-party payer, unless the disclosure is required by law.

All other restriction requests will be reviewed to determine whether we can safely honor them without affecting your care or our healthcare operations.

Right to Request Confidential Communications.

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location, if the request is reasonable. For example, you can ask that we only contact you at home or by mail. If you want us to communicate with you in a particular way, you will need to give us details about how to contact you, including a valid, alternate address. You will also need to give us information about where your bills may be sent. Your request must be made in writing by filling out a Request for Confidential Communications of Protected Health Information (PHI) form and be submitted to the privacy office of the respective organization as listed under the "Concerns and Questions" section below. If we are unable to contact you using the requested means or locations, we may contact you using the information we have.

Right to Receive Notice of a Breach. You have a right to be notified of a use or disclosure of your PHI, by our organizations or one of our Business Associates, which compromises the security or privacy of your PHI ('Breach'). You will be notified as soon as reasonably possible, but no later than 60 days after our discovery of the Breach.

Personal Representatives. If you have given someone legal authority to make decisions for you relating to your healthcare, or if someone is otherwise authorized under law to act on your behalf in making healthcare related decisions ("Personal Representative"), we will treat your Personal Representative the same way we would treat you with respect to your PHI, once we verify their scope of authority and ability to act on your behalf. Parents and legal guardians will generally be Personal Representatives of minors unless the minors are permitted by law to act on their own behalf. There are some situations where minors can make independent healthcare decisions without parental or legal guardian knowledge or consent under state law.

Concerns and Questions. If you have a concern or a question related to the content of this Notice, you may contact the Privacy Officer of the respective organization at:

**Yale New Haven Health
Office of Privacy and Corporate Compliance**

Phone: 203-688-8416

Email: privacy@ynhh.org

Toll Free Hotline: 1-888-688-7744

Online Report: [Online Hotline Report](#)

**Yale University HIPAA Privacy Office
For Yale Medicine, Yale School of Medicine, and
Yale School of Nursing**

Phone: 203-432-5919

Email: hipaa@yale.edu

Website: <https://hipaa.yale.edu/>

Online Report:

[Online Report Form](#)

If you are not satisfied with our response to your privacy concern, you may file a formal complaint with the Secretary of the U.S. Department of Health and Human Services (HHS). For directions on how to file a concern with the HHS Office for Civil Rights, please contact us.

You Will Not be Retaliated Against or Denied Health Services If You File a Complaint. If you raise a concern or file a formal complaint in good faith, we will not discriminate or retaliate against you in any way.

Right to a Copy and Changes to this Notice. You may receive a paper copy of this Notice from us upon request, even if you have agreed to receive this notice electronically. We are required to abide by the terms of this Notice that are currently in effect, however we reserve the right to change this Notice, and the privacy practices of the organizations covered by this Notice, without notifying you first. Changes will apply to current medical information, as well as new information after the change occurs. If we make a significant change, we will update this Notice and we will also post the new Notice in our facilities and on our website. You can request a copy of this Notice at any time by contacting the privacy office of the respective organization listed under the "Concerns and Questions" section.

Nondiscrimination, Aides, and Language Services.

We comply with applicable civil rights laws and do not discriminate against, exclude people, or treat them differently based on race, color, national origin, age, disability or sex. We also provide free aids and services,

to assist in effective communication, to people with disabilities or those whose primary language is not English.

ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-203-785-2140 or speak to your provider.

[Albanian / SHQIP] VINI RE: Nëse flisni [shqip], shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 1-203-785-2140 (TTY: 1-203-785-2140) ose bisedoni me ofruesin tuaj të shërbimit.

[Arabic / العربية]

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-203-785-2140 (TTY: 1-203-785-2140) أو تحدث إلى مقدم الخدمة.

[Chinese (Cantonese, inc. Toishanese) / 繁體中文]

注意：倘若您使用英語以外之語言，我們可以免費為您提供語言協助服務。我們亦免費提供合適輔助器具與服務，以無障礙格式提供相關資訊。請撥打 1-203-785-2140，或洽詢您的服務提供者。

[Chinese (Mandarin) / 体中文]

注意：若您使用英語以外的語言，我們可以免費為您提供語言協助服務。我們還免費提供適當的輔助工具和服务，以無障礙方式為您提供所需信息。請致電 1-203-785-2140，或咨詢您的服務提供者。

[Dari (Persian) / [دری فارسی]

توجه: اگر به زبانی غیر از انگلیسی صحبت می‌کنید، خدمات رایگان کمک زبانی برای شما در دسترس است. وسایل و خدمات کمکی مناسب برای ارائه معلومات در قالب‌های قابل دسترس نیز بصورت رایگان در اختیار تماس بگیرد یا با ارائه 1-203-785-2140 شما قرار دارد. با شماره دهنده خدمات صحتی خود صحبت کنید.

[French / Français] ATTENTION: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-203-785-2140 (TTY: 1-203-785-2140) ou parlez à votre fournisseur.

[Haitian Creole / Kreyòl Ayisyen] ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksesib yo disponib gratis tou. Rele nan 1-203-785-2140 (TTY: 1-203-785-2140) oswa pale avèk founisè w la.

[Italian / Italiano] ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-203-785-2140 (tty: 1-203-785-2140) o parla con il tuo fornitore.

[Pashto / پښتو]

پاملرنه: که چېرې تاسو له انگلیسي ژبې پرته په بله ژبه خبرې کوئ، ستاسو لپاره په وړیا ډول د ژبې په برخه کې د مرستې خدمتونه د لاسرسۍ وړ دي. په د لاسرسۍ وړ بڼو کې د معلوماتو وړاندې کولو لپاره مرستندویه خدمتونه 1-203-785-2140 او مرستې هم په وړیا ډول د لاسرسۍ وړ دي. له شمېرې سره اړیکه ونیسئ یا خپل د خدمتونو له چمتو کونکي سره خبرې وکړئ.

[Polish / POLSKI] UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-203-785-2140 (TTY: 1-203-785-2140) lub porozmawiaj ze swoim dostawcą.

[Portuguese (Brazilian) / Português]

ATENÇÃO: Se você fala um idioma diferente do inglês, estão disponíveis para você serviços gratuitos de assistência linguística. Além disso, são disponibilizados assistências e serviços adicionais gratuitos que fornecem as informações em formatos acessíveis. Ligue para 1-203-785-2140 ou fale com seu profissional.

[Portuguese (European) / Português (Portugal)]

ATENÇÃO: Se fala um idioma que não seja o inglês, tem à sua disposição serviços de assistência linguística gratuitos. Estão também disponíveis, a título gratuito, meios e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para o 1-203-785-2140 ou fale com o seu prestador de cuidados de saúde.

[Russian / РУССКИЙ] ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-203-785-2140 (TTY: 1-203-785-2140) или обратитесь к своему поставщику услуг.

[Spanish / Español] ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-203-785-2140 (TTY: 1-203-785-2140) o hable con su proveedor.

[Vietnamese / Việt] LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-203-785-2140 (Người khuyết tật: 1-203-785-2140) hoặc trao đổi với người cung cấp dịch vụ của bạn.

Entities Covered by This Notice of Privacy Practices

The following entities and members of their respective medical staff participate in an Organized Health Care Arrangement and abide by this Notice. Each entity operates independently but collaborates to share patient information in compliance with HIPAA, ensuring coordinated, high-quality care for our community. The listing of entities which abide by this notice may change from time to time. An updated listing of participating entities may be obtained by contacting the privacy office listed in this notice.

Yale New Haven Health System Affiliated Covered Entities ("YNHHS-ACE"):

Yale New Haven Health Services Corporation d/b/a Yale New Haven Health System
Bridgeport Hospital
Greenwich Hospital
Greenwich Fertility & IVF Center, P.C.
Greenwich Occupational Health Services of New Jersey, P.C.
Greenwich Occupational Health Services of New York, P.C.
Greenwich Clinical Pathology Associates, LLC
Greenwich Pathology Associates, LLC
Lawrence + Memorial Hospital, Inc.
LMW Healthcare Inc. d/b/a Westerly Hospital
Northeast Medical Group, Inc.
NEMG Gastroenterology, LLC
Northeast Medical Group, PLLC
Yale New Haven Hospital, Inc.
Shoreline Endoscopy Center, LLC
Medical Center Pharmacy and Home Care Center, Inc.
Yale New Haven Care Continuum Corporation d/b/a/ The Grimes Center
Yale New Haven Health at Home, Inc. d/b/a Yale New Haven Health-Health at Home
Lifetime Care at Home, LLC
Visiting Nurse Association of Southeastern Connecticut, Inc. d/b/a Yale New Haven Health-
Health at Home Southeast
Y Access Transport, LLC
Urgent Care Medical Associates, LLC d/b/a Yale New Haven Health Urgent Care
Urgent Care Medical Associates of Massachusetts, LLC
Urgent Care Medical of New York, LLC d/b/a Yale New Haven Health Urgent Care

Yale Medicine
Yale School of Medicine
Yale School of Nursing

Acknowledgement of Receipt of Joint Notice of Privacy Practices

Printed Name of Patient: _____

Patient's Date of Birth: _____

Patient Signature: _____

Date of Signature: _____

If signed by an Authorized Representative:

Printed Name of Authorized Representative: _____

Relationship to Patient: _____

Signature of Authorized Representative: _____

Date of Signature: _____

If Patient/Authorized Representative refused to sign, reason: _____

Interpretation Services (if necessary): An interpreter facilitated the communication between the health care provider(s) and the patient or authorized patient representative in _____ (language) to assist in obtaining informed consent or sharing/acknowledging information.

The interpreter conveyed the content of the original information expressed by and for both parties.

Time: _____ AM/PM Date: _____

Check here if: Telephone Video In person
 Bilingual Competency Program Approved Staff

_____ **ID Number:** _____

Print Name of Interpreter